

Permit No. 98722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pauline Cary

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, White Sex, F.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Uniontown Pa

Duration of Residence in the City of Baltimore, about 18 months

Place of Death, { Give street and number. } No. 6 Reed Street

Cause of Death, { First (Primary,) Pregnancy
Second (Immediate,) Wreckie Come

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Uniontown Pa

Date of Burial, Mch 22nd 87

{ Undertaker, H. J. E. K. R. S.

{ Place of Business, Park & Senatus Address 804, Madison Ave

W. T. Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98723 Office of Registrar of Vital Statistics. Ward 4ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1887

Full Name of Deceased, James H. Donahue

Sex, Male or Female, Male

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Saloon Keeper

Birth Place, Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, S E Cor of Balto & Front

Cause of Death, Nervous prostration (chronic)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood

Date of Burial, March 20th

Undertaker, J. M. Schaeffer

Place of Business, 8 S. Front St Address, 711 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98724 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 20. 87.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura V. Humand

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

Months,

12

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balto. Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number.

521 Vincent St.

Cause of Death,

{ First (Primary),

Occlusion of the bowel as shown by

Second (Immediate),

constant vomiting.

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Mar 22

Undertaker,

Jos. Goedens & Son

Place of Business,

212 N. Schreder St

Address,

640 N. Carrollton av

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98728 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Imo Philip Bauman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, 1 Months, 24 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Saloon Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, { Give Street and Number. } 304 S. Monroe Street

Cause of Death, { First (Primary), Second (Immediate), } Disease of Heart and Hemorrhage from the Stomach

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bry Cemetery

Date of Burial, March 22nd

Undertaker, for Jorden & Son Wm. H. Holiday M. D. Medical Attendant.

Place of Business, 210 W. Schwab Address, Carroll Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98726 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st
Full Name of Deceased, John Feldfus
Sex, Male or Female, Male
Age, 83 Years, 5 Months, 21 Days.
Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Single

Occupation, Merchant Tailor

Birth Place, Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, 10 S W. Camden St

Cause of Death, Old age
Heart failure

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 23rd

Undertaker, J. H. T. T. T. M. D.

Place of Business, 421 Hanover Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98727 Office of Registrar of Vital Statistics. Ward 12¹¹/₁

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Marion Coe March 19th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marion Coe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, _____ Months, _____ Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wilson. N. C.

Duration of Residence in the City of Baltimore, about 3 months.

Place of Death, { Give Street and Number. } Hospital for the Women of Maryland

Cause of Death, { First (Primary), Second (Immediate), } Intestinal Obstruction. Peritonitis. Operation for Relief. Death from Shock.

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician

Place of Burial, Wilson North Caroline

Date of Burial, March 22nd 1887

{ Undertaker, Stewart Mowbray C. O. Donovan Jr. M. D. Medical Attendant.

{ Place of Business, 35 Park Ave. Address, Assist. Surg. at Hosp. for Women

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[OVER.]

Health Department, City of Baltimore.

Permit No. 98728 Office of Registrar of ~~Vital~~ Statistics.

Ward 5⁰/₇

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1887

Full Name of Deceased, Charles O. Scheldt
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 6 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 1537 Madison St.
{ Give Street and Number. }

Cause of Death, Gangrene (non closure from scald)
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1887 Wm S. Lueder M. D.

Medical Attendant.

{ Undertaker, Wm S. Lueder
Place of Business, 21 W. Bond Street address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *98729*

Office of Registrar of Vital Statistics.

Ward *11th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 21st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clarence Grozdou

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

One

Years,

42

Months,

18

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore Ind

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

563 Morris Alley

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Transition

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Lawrence Cemetery

Date of Burial,

March 22nd 1887

{ Undertaker,

Alex Hunsley

{ Place of Business,

661 Orchard St

Address

437 W Biddle St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98730 Office of Registrar of Vital Statistics.

Ward 1^c 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Henry Connor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 2 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore led

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lithuania

Duration of Residence in the City of Baltimore, 829

Place of Death, { Give Street and Number. } Paluxent

Cause of Death, { First (Primary), Second (Immediate), } Phlegmonous Empyema

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Mar 22nd 1887

Undertaker, M. Leach

Place of Business, 92 So

E. J. Williams M. D.

Medical Attendant, 2826 E. 4th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98731 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Williams

Sex, Male or Female, { Cross out the word not required in this line. } M.

Age, 1 Years, 1 Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 134 S. Bethel St.

Cause of Death, { First (Primary), Second (Immediate), } Pleuro Pneumonia
Asthma

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21st

Undertaker, John E. Grace

Geo. S. Lynch

M. D.

Medical Attendant.

Place of Business, Caroline St B13

Address, 4 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]